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CAMPAIGN FINANCE DIVISION

☒ **WAIVER REQUEST**
☐ **RECONSIDERATION REQUEST**

DATE: 11/25/2020
DOCKET #:

FILER INFORMATION

Name: Jordan Arceneaux
Office: Council Members, City of Carencro
Parish: LAFAYETTE
Election Date: 11/6/2018
Level of Office: Any

REPORT INFORMATION

Name of Report: SUPP 2019
Original Due Date: 2/18/2020
Date Filed: Report not yet filed.
Activity Receipts: \$-0
Expenditures: \$113.00
Funds at Close of Reporting Period: \$4.20

LATE FEE INFORMATION

Amount of Late Fee: \$1000
Days Late: Report not yet filed.
Late Fee Order Received: 7/27/2020
Payment/Waiver Request Due Date: 8/17/2020
Waiver Request Received: 8/3/2020
Additional Information Requested:
- Medical
XX - Financial
- Other

COMMENTS: As he had not had any expenditures directly related to the campaign since the last filing ending 1/25/2019; he falsely believed no further action was required until more funds were received or spent. With no further funds available from the campaign, he would request a waiver of this fee. Due to the uncertainty with COVID and as a father of three young boys, he is not financially able to make further payments at this time. He hopes that payment of the other infraction shows my good faith and willingness to work with the Board. If you do not see fit to waive fee, he would request permission to pay this fee and hopefully at least a reduced amount) over time.

OTHER LATE FEE INFORMATION

Campaign Finance:

Other Outstanding Reports: No
Other Outstanding Late Fees: No
Prior Late Fees: Yes
Reassessed Late Fees: No

Disclosure Statements:

Other Outstanding Late Fees: No
Prior Late Fees: No

Jordan Arceneaux

214 Cankton Rd Carencro, LA 70520 (337) 258-8403 arceneauxforcouncil@gmail.com

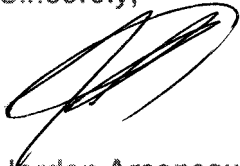
7/28/2020

Angella Newsom
Director
Louisiana Board of Ethics
P.O. Box 4368
Baton Rouge, LA 70821

Dear Ms. Newsom:

Please find attached three letters for three related, but separate issues. All are regarding Jordan Arceneaux, Carencro City Council. The first is a payment to rectify certified mail no. 70192970000163133820 for my 10-G disclosure being 7 days late. The second is a request for waiver for my 2019 supplemental campaign finance disclosure report. Finally, I am requesting a change of address to correct your records and expedite future correspondence.

Sincerely,

A handwritten signature in black ink, appearing to be 'JA', with a large, stylized loop at the end.

Jordan Arceneaux
Carencro City Council

7/28/2020

From: Jordan Arceneaux

Carencro City Council | 214 Cankton Rd | Carencro | LA | 70520

To: Whom It May Concern

Louisiana Board of Ethics | P.O. Box 4368 | Baton Rouge | LA | 70821

Dear Board of Ethics:

Please allow this letter to serve as a request for waiver of the \$1000 late fee. This is for the late fee assessment for the November 6, 2018 election, 2019 supplemental campaign finance disclosure report.

There will not be any appeal of the assessment made as I now understand the error I made and take full responsibility. As I had not had any expenditures directly related to the campaign since my last filing ending 01/25/2019; I falsely believed no further action was required until more funds were received or spent. After reading the guidelines put out by your office, I now understand this was incorrect on my part. Furthermore, after reviewing the finances, I now know that my bank was deducting bank fees monthly and this account was closed 5-6 months ago.

I have requested all the bank statements from January 2019 until the time of the closing of the account. I will file the required supplemental filings before sending in this letter. At that time, all reports will be filed as required and no further funds will be "on the books". I intend to remedy this situation this week now that it has been brought to my attention.

As a father of three young boys, with no further funds available from the campaign, I would officially request a waiver of this fee. I hope that my payment of the other infraction shows my good faith and willingness to work with the Board. Again, I request no removal of the record of my error and accept full responsibility. Due to the uncertainty with COVID, if you do not see fit to waive this fee, I would request permission to pay this fee (and hopefully at least a reduced amount) over time as I am not financially able to make further payments at this time but will commit to pay whatever the Board sees fit in time.

Sincerely,


Jordan Arceneaux

Carencro City Council

7/28/2020

From: Jordan Arceneaux

Carencro City Council | 214 Cankton Rd | Carencro | LA | 70520

To: Whom It May Concern

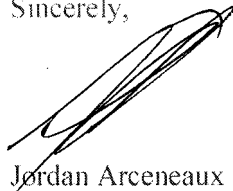
Louisiana Board of Ethics | P.O. Box 4368 | Baton Rouge | LA | 70821

Dear Board of Ethics:

Please allow this letter to serve as an official request for change of address. Currently, you have 815 Ira St Carencro, LA 70520 as my address of record. Please revise this to show the above address of 214 Cankton Rd Carencro, LA 70520.

If any further documentation is necessary to complete this change, I am happy to submit it.
Thanks in advance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jordan Arceneaux', written over a horizontal line.

Jordan Arceneaux

Carencro City Council

Arceneaux
214 Conkton Rd.
Cafeneux, LA 70520

CERTIFIED MAIL®



7019 2280 0000 6935 9557



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70821

U.S. POSTAGE PAID
FCM LETTER
LAFAYETTE, LA
70503
JUL 30, 20
AMOUNT

\$6.95

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Louisiana Board of Et
P.O. Box 4368
Baton Rouge, LA 70821

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STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.la.gov

November 25, 2020

Mr. Jordan Arceneaux
214 Cankton Rd.
Carencro, LA 70520

RE: Ethics Board Docket No.: 2020

Dear Mr. Arceneaux:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 6, 2018 election. You stated due to the hardship this year you are not financially able to make payments at this time. If you would like the Board to consider your financial hardship, you must provide documentation verifying your claim. Please provide your most recent tax return or W-2. Also, complete the enclosed Financial Statement Form and return to the above mailing address.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **December 28, 2020**.

Sincerely,

Melissa Horn

Financial Statement for _____ (Filer Name)

Married: ☐ Yes ☐ No

Spouse's name (if applicable): _____

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature_____
Date

MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for _____ (Filer Name)

Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
Total Monthly Income		

Monthly Household Expenses

Expense Type		Monthly Amount
Housing (mortgage or rent)		
Vehicle (loan or lease)		
Public Transportation Costs		
Health Insurance		
Court-ordered expenses		
Student loans		
Other Loans - provide description		
Utilities		
Food, personal products, etc.		
Childcare		
Other Expenses (Provide Description)		
Total Monthly Expenses		